

MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

2191

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community, years, months or days)

3. (a) PRINT FULL NAME: Charence Clayton

3. (b) If veteran, name war: none (c) Social Security: 918-05-2004

4. Sex: Male 5. Color: Col 6. (a) Single, widowed, married, divorced: Married
7. Birth date of deceased: NOV 13 1901
(Month) (Day) (Year)

8. AGE: Years: 41 Months: 3 Days: 24 hr. min.

9. Birthplace: Lockhart, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation: Fire & water tender

11. Industry or business: R.R.

12. Name: Cherley Clayton

13. Birthplace: Lockhart, Miss
(City, town, or county) (State or foreign country)

14. Maiden name: Evie Douglas

15. Birthplace: Lockhart, Miss
(City, town, or county) (State or foreign country)

16. (a) Informant: Thomas Clayton

(b) Address: Meridian, Miss

17. (a) Date of death: 3-7-43 (b) Date thereof: 3-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Meridian, Miss

18. (a) Signature of funeral director: W. B. B. B.

(b) Address: St. Louis, Mo.

19. (a) Date received local registrar: 1949 (b) Registrar's signature: J. F. B. B.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mississippi County: Lodardale
(c) City or town: Lockhart, R.
(If outside city or town limits, write "RURAL")
(d) Street No.: A Street & Braxton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country: L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7
year: 1943 hour: 1 minute: 05 A. M.

21. I hereby certify that I attended the deceased from Feb
17, 1943, to March 7, 1943
that I last saw him alive on March 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Arrhythmia
Cardiac Hypertrophy
Due to: Valvular heart disease

Due to: Al
Other conditions: 92
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: Al

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) Means of injury: Al
23. Signature: W. B. B. B. (M. D. or other) Al
Address: St. Louis, Mo. Date signed: 3-7-43

APR 5 1943

NOV 21 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
working under my personal supervision.

Signed

Registered Apprentice No.

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.